fat Briker BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	+10101C1	FILING DATE	
APPLICANT(S)	SOIDIA		

	AS FILED			TER NDMENT	AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			·			
5						
6				 		ļ
7				 		
8						ļ
9				 		
10						
11			7			
12						
_ 13						
14						
15						
16 17						
18		·				<u> </u>
19						
20				· · · · ·		·
21					-	
22						
23						
24.						
25						
26						
27						
28						
30						
31						
32						
33						
34						
35						-
36						
37						
38						
39						
40 41		<u> </u>				
42				 }		
43			: -			
44				<u>i</u>	 -	
45						
46						
47						
48		,				
49						
50						
OTAL IND.		4	2,	#		
OTAL DEP		4	<u>Ş</u>	49		♦ ■ .
CLAIMS	. [

	AS FILED		AFTER .1"AMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.		DEP.
51	ļ					DDI.
52	 -					
53 54	 			 		
55	<u> </u>			ļi		
56	 					
57	 			 		
58	 					·
59		——-		 		
60						
61				7		
62						
_63						
64 -						
65						
66						
67	!		· .			
68 69	I					
70						
71	·		 			
72						
73						
74						
75						
76						
77						<u> </u>
78						
79			·			
80	I					
81 82						
83	 					
84						
85						
86	-				<u> </u>	<u> </u>
87		· · ·				
88						
89		·				
90						
91						
92					<u> </u>	
93						
94 95						
96			·			
9.7						
98		i				ļ
99	 					
100						
TOTAL IND.		W				
TOTAL DEP	<u> </u>	4		4		4
TOTAL				THE STATE OF		183355304
CLAIMS		CONSCI				BEAT

U.S. DEPARTMENT of COMMERCE

Patent and Tendemark Office